

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32651

State File No. _____

FILED SEP 21 1943

Registration District No. 2017

Primary Registration District No. 3063

Registrar's No. 2064

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Kirkwood Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Louis County Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 0
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Norman Wm. Sprock

3. (b) If veteran, name war XXXXXXXXXXXXX 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 12 1925
(Month) (Day) (Year)

8. AGE: Years 18 Months 0 Days 0 If less than one day hr. _____ min. _____

9. Birthplace Hi Ridge Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Gardener

11. Industry or business _____

12. Name John J. Sprock

13. Birthplace Hi Ridge Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Clara Delbruegge

15. Birthplace Hi Ridge Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John J. Sprock

(b) Address R.R. # 1 House Springs, Mo.

17. (a) Burial (b) Date thereof 915 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St Peter and Paul

18. (a) Signature of funeral director Louis H. Boop, Inc.

(b) Address 131 W. Argonne Dr. Kirkwood, Mo.

19. (a) SEP 14 1943 (b) E. J. McHavran
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jeff. 050
(c) City or town House Springs R.R. # 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12
year 1943 hour 7:05 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death From injuries received when truck in which he was riding as a passenger collided with a telephone pole on a public highway.

Due to Fractures of skull; Laceration of liver; Hemorrhage into

Other conditions abdominal cavity; Bruising of lungs.
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Yes.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident. 050

(b) Date of occurrence Sept. 12, 1943

(c) Where did injury occur? West Watson Road.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place)

While at work? _____ (e) Means of injury 3

23. Signature John M. Meyer Deputy Coroner
(City or town) (County) (State)

Address Kirkwood Mo Date signed 9/13/43

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.